

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43414

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washburn</u> c. LENGTH OF STAY (in this place) <u>36-1-17</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Letts</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Letts</u> d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>TILLBERRY</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-50</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>8-7-65</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>	
11. BIRTHPLACE (State or foreign country) <u>Indianapolis Ind</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>A. J. Tillberry</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Greason</u>	
14. NAME OF HUSBAND OR WIFE <u>Single</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4-20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-18-1946</u> , to <u>12-26-1950</u> , that I last saw the deceased alive on <u>12-20-1950</u> , and that death occurred at <u>8-10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. H. Hall M.D.</u>		23b. ADDRESS <u>Nebraska Mo.</u>		23c. DATE SIGNED <u>12-26-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Letts Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-29-50</u>		REGISTRAR'S SIGNATURE <u>Nathaniel H. Yancey</u>		331		5. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bros.</u>	
						ADDRESS <u>Letts, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED - JAN 3 1951

Dist. File 157-25

Date Filed 1-4-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

KPM Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.